

Indiana Family and Social Services Administration 402 W. WASHINGTON STREET, P.O. BOX 7083 INDIANAPOLIS, IN 46207-7083

December 3, 2015

Dear DDRS Advisory Council Member,

The Division of Disabilities and Rehabilitative Services (DDRS) is charged with administering programs to support the needs of individuals with disabilities. One program within the DDRS is the Bureau of Developmental Disabilities Services (BDDS) which administers Medicaid Home and Community Based Services (HCBS). BDDS has worked since April of 2015 on CIH Transform, a multi-year effort to engage stakeholders and advance services for individuals with disabilities. This transformation effort has included communication efforts on the CIH Transform page (https://secure.in.gov/fssa/ddrs/4988.htm), statewide stakeholder meetings, online surveys, and ongoing meetings with advocacy groups and providers and the associations that represent them.

It is now time to gather more targeted feedback on issues around the design and implementation of changes, polices, and rate methodologies to fund HCBS waiver services. As established in Indiana Code 12-9-4 the DDRS Advisory Council has the task of advising the Division of Disability and Rehabilitative Services (DDRS) and recommending strategies that will ensure individuals with disabilities are as independent and self-sufficient as possible. Consistent with the Council's mission, DDRS is establishing subcommittees that will advise DDRS on implementation of the proposed changes and to look to the future at what other adaptations to the HCBS waiver program may be needed in order to ensure individuals are receiving high quality services and supports, in their communities, and in the most integrated settings possible.

An integral part of this process is the inclusion of individuals and families to serve on the sub-committees to ensure that the individual's point of view, perspective, and experiences are not only heard, but also integrated into the services and quality improvements that are engineered to ensure high-quality, customer-centered supports. Through their unique perspectives and experience, subcommittee members will be asked to provide input on issues that impact service delivery, with the goal to improve current practice and experiences as well as to ensure that the next individual or family member's journey is easier.

Providers of HCBS waiver services will also be invited to serve on the sub-committees to ensure that their point of view, perspective, and experiences are heard and integrated into the design of the programs to ensure that Providers of supports and services are readily available to support the needs of individuals in Indiana. Through the unique perspective of the Provider group, subcommittee members will be asked to provide input on issues that impact service delivery,



ensuring that all individuals receive high quality community based supports. The following will serve as the Charter for the subcommittees:

### Subcommittee Charter

# I. Purpose

The subcommittees are created for the purpose of working with the BDDS and the DDRS Advisory Council. The subcommittees shall limit its activities to advising on matters that directly concern the Medicaid HCBS wavier program.

### II. Committee Charge

The subcommittees are expected to offer input for design and implementation of changes to the BDDS HCBS waivers, advise on policy development and direction for the program staff and provide recommendations about public engagement strategies and resources.

### III. Membership

Members serve voluntarily and will constitute a cross-section of the stakeholders including individuals receiving services, families of individuals receiving services, advocates and providers of HCBS waiver services as well as any experts in particular disciples that may enhance the work of the subcommittees

#### IV. Procedural Rules

Meetings: The subcommittees will meet as needed, independent of the full advisory council, to offer input and when appropriate make recommendations about program development. The subcommittees will have, at a minimum, one member of the DDRS Advisory Council to chair each subcommittee. Written notices of upcoming meetings will be sent to members at least ten days before a meeting and any recommendations made by a subcommittee will be documented in writing and presented to the DDRS Advisory Council for discussion.

In order to get this process moving forward, I am requesting that any member of the DDRS Advisory council who has interest in volunteering to chair of one of the three subcommittees submit their interest, via email, no later than December 11, 2015. The following 3 subcommittees will need separate volunteers.

### **CIH Redesign Cost Analysis Subcommittee**

The purpose of this subcommittee is to provide input and advice on topics which relate to improving Indiana's understanding of the cost of providing CIH services and using that information to inform reimbursement methodologies. Meeting minutes and any recommendations developed by the subcommittee will be presented to the DDRS Advisory Committee and be used to inform the relevant portions of the CIH transform implementation.

### **CIH Redesign Policy Subcommittee**

The purpose of this subcommittee is to provide input and advice on the creation or modification of DDRS policies to support the implementation of the CIH transform initiative. As appropriate, DDRS may provide drafts of policies for consideration and feedback, and the subcommittee will discuss how proposed policies will lead to service system improvements or risks. Meeting minutes and any recommendations developed by the subcommittee will be presented to the DDRS Advisory Committee and be used to inform the relevant portions of the CIH transform implementation.

## **CIH Redesign Implementation Planning Subcommittee**

The purpose of this subcommittee is to provide input and advice on activities to fully implement the CIH transform initiative. This includes topics such as service planning, documentation and billing processes, along with considering communication, outreach and training efforts to individuals, families and providers to support the CIH transform initiative. Meeting minutes and any recommendations developed by the subcommittee will be presented to the DDRS Advisory Committee and be used to inform the relevant portions of the CIH transform implementation.

I sincerely appreciate your willingness to give of your time to assist us in moving CIH Transform forward!

Sincerely,

Nicole Norvell

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Director, Division of Disability and Rehabilitative Services